

Chandler Heights Citrus Irrigation District

Credit Card Payment Authorization Form

Please complete the information below:

I _____ authorize Chandler Heights Citrus Irrigation District to charge my credit card for the amounts invoiced.

Customer Name: _____

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

As the credit card holder, I also authorize Chandler Heights Citrus Irrigation District (CHCID) to charge my credit card for future purchases verbally (or written) approved by me.

Your completion of this authorization form helps us to protect us to protect you, our valued customers, from credit card fraud. CHCID will keep all information entered on this form strictly confidential.